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3-24-86

3600 PRUNERIDGE, SUITE 100 SANTA CLARA, CALIFORNIA 95051 (408) 246-1405

601 MONTGOMERY, SUITE 1900 ' SAN FRANCISCO, CALIFORNIA 94III (415) 986-8383

TWX NO. 9103382094 TELECOPY NO. (408) 985-8958

Commissioner of Patents and Trademarks

Our Case Docket No. __M-300

Washington, D. C. 20231

TELECOPY NO. (415) 982-7372

	Transmitted herewith for filing is a patent application, as follows:									
	Inventor(s): Richard A. Blanchard Title: A PLANAR VERTICAL CHANNEL DMOS STRUCTURE									Œ
	Enclosed	also	are:							
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			rtified co		torne		ation No.			
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	For		Number <u>Filed</u>			mber ktra	Rat	<u>e</u>		Basic Fee \$340.00
	Total Cl Independ Claims	ent	11	-20 - 3	=	0	x \$		=	34.00
	Application contains one or more multiple dependent claims (\$110 total fee) = 0 Total Filing Fee: \$ 374.00									
	Please make the following charges to Deposit Account 19-2386: X Fee for filing the patent application in the amount of \$ 374.00 X Fee for recording the Assignment in the amount of \$ 7.00 The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account 19-2386.									
	A Return	Rece	ipt Postca	ard and	dupli	cate copy	y of this	shee	et are	e enclosed.
United States to: Commit on Mai	ertify that tes Postal S ssioner of P rch 24 gnature: 3	ervice atents	as EXPRESS and Tradema 1986. Expre	MAIL in a rks, Wast	in envel ington,	ope address D.C., 2023	sed 31,	/// Ter	renc	fully submitted, e E Dooher . 31,101

ŘTO-140 U.S. DEPARTMENT OF COMMERCE BEFORE USING THIS ORDER FORM read the important information on the PATENT AND TRADEMARK OFFICE reverse side DEPOSIT ACCOUNT ORDER FORM FOR OFFICE USE ONLY Commissioner of Patents and Trademarks ITEM OR VALUE FURNISHED Washington, D.C. 20231 3/24/86 ACTION OFF. USE Account No. Order No. 19-2386 Name and Address of Depositor SKJERVEN, MORRILL, MACPHERSON, FRANKLIN & FRIEL 3600 Pruneridge Avenue, Suite 100 Santa Clara, California 95051 DESCRIPTION OF ARTICLES OR SERVICES TO BE FURNISHED Applicant: Richard A. Blanchard Assignee: Siliconix incorporated Title: A PLANAR VERTICAL CHANNEL DMOS STRUCTURE Attorney Docket No.: M-300 PLEASE CHARGE THE ABOVE DEPOSIT ACCOUNT FOR: Filing Fee: \$340.00 Extra Indep. Claim: 34.00Assignment Fee: 7.00 TOTAL: \$381.00 PLUS ANY ADDITIONAL FEES REQUIRED. TED: ch If additional space is needed attach separate sheet.

FOR PROMPT, ACCURATE SHIPMENT PLEASE COMPLETE THE FOLLOWING MAILING LABEL-PLEASE PRINT OR TYPEWRITE

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Docket No. M-300

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Skjerven, Morrill, MacPherson,
Franklin & Friel
Street Address 3600 Pruneridge Avenue, Suite 100

Cirv, State, Zip Cook Santa Clara, California 95051

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